SCIENCE COMMUNITY AND YOUTH IN THE HIV RESPONSE IN SOUTHERN AFRICA

AIDS 2018 POST-CONFERENCE WORKSHOP

The Kingdom of Eswatini, 26-27 March 2019
HIV prevention for adolescent girls and young women – innovative ways forward.

Ellen MC. Mubanga
National AIDS Council, Zambia

26 March, 2019
Innovations in HIV Prevention: For Adolescent Girls and Young Women
Why focus on: Adolescent Girls and Young women
Younger women have older male sexual partners. This dynamic, and age-mixing in sexual relationships, contributes to the high risk of HIV among AGYW.

More than 70% of all HIV infections occur in sub-Saharan Africa.

In Zambia: AGYW are 4 times more likely to be infected with HIV than their male peers.

Women are at higher risk of contracting HIV at a younger age.

Men are less likely to know their HIV status or receive HIV treatment.

Younger women have older male sexual partners. This dynamic, and age-mixing in sexual relationships, contributes to the high risk of HIV among AGYW.

Annual incidence of HIV among adults ages 15-59 in Zambia is 0.61%: 0.93% among females and 0.29% among males. This corresponds to approximately 43,000 new cases of HIV annually among adults ages 15-59 in Zambia.

Prevalence of HIV among adults ages 15-59 in Zambia is 12.0%: 14.6% among females and 9.3% among males. This corresponds to approximately 960,000 people living with HIV ages 15-59 in Zambia.

HIV prevalence among those aged 20-24 years is four times higher among females (8.3%) than among males (2.0%).
HIV Prevalence by Sex and Age

- Age (years): 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59
- HIV Prevalence (%): 0-35
- Sex: Female, Male

For each age group, the graph shows the percentage of HIV prevalence with error bars indicating variability.
HIV in context: social and structural drivers for AGYW

HIV among AGYW is fueled by a combination of factors that contribute to increased risk.

Disparity in HIV prevalence between males and females, particularly in those aged 15-24 years

suggests an increased focus on early testing and ART initiation for adolescent girls and young women, as well as the need for preventative services.
ADAPTED FROM HCD Approach;

- Anchor the menu of interventions that contribute to HIV Prevention

- Show availability of menu options suitable to each individual according to their needs and life circumstances (making a difference).

- Emphasis on individual control (I am)

As I take control for my personal needs, I contribute to the whole and make a difference not only for myself, but for others as well (respect for self and others).
Layering of Services Approach

DREAMS unique approach

**Empowering AGYW**
- Mentoring and Safe Spaces
- GBV Care and Support
- Sexual Reproductive Health Information
- Family Planning/Expanding Method Mix
- HTS and Psychosocial Counseling
- Financial Literacy and Savings Groups
- PrEP

**Mobilizing Communities for Change**
- Education Support
- Parenting/Caregiver Programs
- Entrepreneurship/Employment Support

**Decreasing Risk for Male Sex Partners**
- VMMC
- Test and Start (DREAMS AGYW partner testing)
Adapted models of layering of services targeting AGYWs.

Grooming Champions from within

Keeping Girls in School - Empowerment -

Use of social media for HIV prevention messages

Adolescents wellness days (focused service provision for Adolescents)
INNOVATIVE WAY FORWARD

► Programmes for prevention of sexual and gender based violence
► Meaningful engagement of traditional and religious Leaders- Intergenerational Dialogue
► Heightened Male engagement in HIV prevention
► School management and community involvement
CONCLUSION

SITUATION

CHOICE

CONSEQUENCE
ACKNOWLEDGEMENTS

- Ministry of Health
- National AIDS Council
- UN Zambia
- USAID
- Pact Zambia- DREAMS Initiative
- JSI Discover Health
- JHU-Breakthrough Action Zambia